South Dakota Board of Examiners for Counselors and MFTs PO Box 340, Pierre, SD 57501 – 605-224-1721 – SDBCE@midwestsolutionssd.com

LMFT SUPERVISION TRACKING FORM

Copy this form as needed for tracking your supervision.

Only one Supervisor per Tracking Form.

APPLICANT NAME:	
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ORIGINALS MUST BE SUBMITTED WITH YOUR APPLICATION.

DATE OF SUPER- VISION	Brief EXPLANATION of SUPERVISION	WHICH METHOD? 1. Present/Staff Cases 2. Audio/Video Tapes 3. Direct Observation 4. Co-Counseling	# of DIRECT(D) Hours ?	# of INDIVIDUAL Face-Face Supervision Hours	# of GROUP or Tele/Video Conferencing Supervision Hours
		#			

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	IST SIGN THE FINAL PAGE ANI	O SUBMIT ALL WITH	YOUR COMPL	ETED APPLIC	CATION.
Upo	I attest that the information subsequent discovery of misrep	_			te action.
Applica	ant Signature	Supervisor Signature		Date	